

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>214503892</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>MA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>1/31/2014</b></p> <p>SCC ID NO: <b>F0000887</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1295 STATE ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SPRINGFIELD, MA 01111</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROGER W CRANDALL  TITLE: P/CEO  ADDRESS: 1295 STATE ST  CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROGER W CRANDALL TITLE: P/CEO ADDRESS: 1295 STATE ST CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROGER W CRANDALL TITLE: P/CEO ADDRESS: 1295 STATE ST CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TODD G PICKEN  TITLE: VP/T  ADDRESS: 1295 STATE ST  CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: TODD G PICKEN TITLE: VP/T ADDRESS: 1295 STATE ST CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TODD G PICKEN TITLE: VP/T ADDRESS: 1295 STATE ST CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL T ROLLINGS  TITLE: EXEC VP/CFO  ADDRESS: 1295 STATE ST  CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MICHAEL T ROLLINGS TITLE: EXEC VP/CFO ADDRESS: 1295 STATE ST CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MICHAEL T ROLLINGS TITLE: EXEC VP/CFO ADDRESS: 1295 STATE ST CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT J CASALE  TITLE: EVP &amp; CIO  ADDRESS: 1295 STATE STREET  CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROBERT J CASALE TITLE: EVP & CIO ADDRESS: 1295 STATE STREET CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ROBERT J CASALE TITLE: EVP & CIO ADDRESS: 1295 STATE STREET CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: M TIMOTHY CORBETT  TITLE: EVP &amp; CIO  ADDRESS: 1295 STATE STREET  CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: M TIMOTHY CORBETT TITLE: EVP & CIO ADDRESS: 1295 STATE STREET CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: M TIMOTHY CORBETT TITLE: EVP & CIO ADDRESS: 1295 STATE STREET CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL R FANNING  TITLE: EVP  ADDRESS: 1295 STATE ST  CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MICHAEL R FANNING TITLE: EVP ADDRESS: 1295 STATE ST CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MICHAEL R FANNING TITLE: EVP ADDRESS: 1295 STATE ST CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME:	DEBRA A PALERMINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		
NAME:	CHRISTINE C PEASLEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		
NAME:	MARK ROELLIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/GC		
ADDRESS:	1295 STATE ST		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		
NAME:	ELIZABETH A WARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP & CERO		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		
NAME:	THOMAS BARRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		
NAME:	CRISTOBOL CONDE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		
NAME:	KATHLEEN CORBET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		
NAME:	JAMES DEGRAFFENREIDT, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		
NAME:	PATRICIA DIAZ DENNIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		
NAME:	ROBERT ESSNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		
NAME:	RAYMOND LEBOEUF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY MINEHAN DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC RACICOT DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA J SEN DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM SPITZ DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H. TODD STITZER DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHRISTINE C PEASLEE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTINE C PEASLEE, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/15/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			